

FILED APR 1 1947

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1225

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
324 So. Bellaine  
(d) Length of stay: In hospital or institution 3 mo.  
In this community 3 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 324 So. Bellaine  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Cora M. Admire  
3. (b) If veteran, name war. no  
3. (c) Social Security No. no.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John R. Admire  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased July 3 1881

8. AGE: Years 65 Months 8 Days 14  
If less than one day hr. min.

9. Birthplace Missouri

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Couch, Mc Bride

13. Birthplace no.

14. Maiden name Elizabeth Daniels

15. Birthplace no.

16. (a) Informant Mrs. Emma Williams

(b) Address 324 So. Bellaine

17. (a) Removal (b) Date thereof Mar 18 1947

(c) Place: burial or cremation Reburial Mrs. Reburion Mrs.

18. (a) Signature of funeral director. Mrs. C. R. Foster

(b) Address 919 Broadway

19. (a) 3-18-47 (b) Signature of Registrar. Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1947 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from 1 Jan. 1947 to Mar. 17 1947 that I last saw her alive on Mar 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death. Anemia

Due to Carcinoma of stomach 9 mos

Due to \_\_\_\_\_

Other conditions. Obvity

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy. none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

25. Signature of Physician. Stark E. Richards  
Address. 171 N. Walnut Date signed 3-17-47

PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

APR 3 1947

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *Dean Owens* .....

Licensed Embalmer No. *4280* .....

P. O. Address..... *918 Brooklyn N. C. Mo.* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**